

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: ROBERT T. LYONS, et al.

Examiner:

Serial No.: Pending

Group Art Unit:

Filed: Herewith

For: DRUG DELIVERY TO THE BACK OF
THE EYE

Irvine, California

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER


Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Application Data Sheet – 6 pgs.
- (x) Transmittal Letter – 4 pgs
- (x) Specification (29 pages total) consisting of 25 Claims (2 pgs) Abstract (1 page)
- (x) Drawings (7 sheets)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193721133US

Dated: April 15, 2004



BRENT A. JOHNSON
Registration No. 51,851

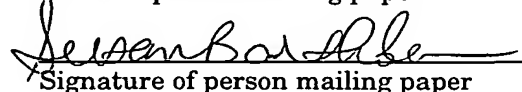
CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **APRIL 15, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193721133US** with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 15, 2004

Susan Bartholomew

Name of person mailing paper



Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **DRUG DELIVERY TO THE BACK OF THE EYE** by the following named inventor:

1	Full Name of Inventor	Last Name: LYONS	First Name: ROBERT	Middle Name: T.	
	Residence and Citizenship	City: LAGUNA HILLS	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 27164 WOODBLUFF ROAD	City: LAGUNA HILLS	State or Country: CALIFORNIA	Zip Code: 92653-7533

2	Full Name of Inventor	Last Name: CHANG	First Name: CHIN-MING	Middle Name:	
	Residence and Citizenship	City: TUSTIN	State or Foreign Country: CALIFORNIA	Country Of Citizenship: TAIWAN	
	Post Office Address	Post Office Address: 11645 MAYNARD AVENUE	City: TUSTIN	State or Country: CALIFORNIA	Zip Code: 92782

3	Full Name of Inventor	Last Name: CHANG-LIN	First Name: JOAN-EN	Middle Name:	
	Residence and Citizenship	City: TUSTIN	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 2226 HUNTLEY DRIVE	City: TUSTIN	State or Country: CALIFORNIA	Zip Code: 92782

4	Full Name of Inventor	Last Name: CHANG	First Name: JAMES	Middle Name:	
	Residence and Citizenship	City: NEWPORT BEACH	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 36 CERVANTES	City: NEWPORT BEACH	State or Country: CALIFORNIA	Zip Code: 92660

5	Full Name of Inventor	Last Name: OLEJNIK	First Name: OREST	Middle Name:	
	Residence and Citizenship	City: COTO DE CAZA	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 5 ADDINGTON PLACE	City: COTO DE CAZA	State or Country: CALIFORNIA	Zip Code: 92679

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 29 pages, 25 claims (2 pages) and an abstract (1 page).

Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	25 minus 20	= -5-	\$18.00	\$90.00
Independent Claims	03 minus 3	= -0-	\$86.00	\$0.00
If application contains any multiple dependent claims, then add			\$290.00	\$0.00
TOTAL FILING FEE				\$860.00

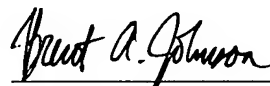
- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed 7 sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

BRENT A. JOHNSON
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Irvine, CA 92612
Tel: 714-246-4348 Fax: 714-246-4249

Respectfully submitted,

Date: 4/15/04



Brent A. Johnson
Registration No. 51,851
Patent Agent of Record